

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKMichael OuterbridgePlaintiff - Pro Se

(In the space above enter the full name(s) of the plaintiff(s).)

16CV3883**COMPLAINT**under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No

(check one)

RECEIVED
SDNY PRO SE OFFICE
2016 MAY 24 PM 3:58
S.D. OF N.Y.-against-
The City OF New York,
et al. (via) The N.Y.P.D.
Midtown South 14 pct.
AND The N.Y.P.D. 32 pct.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

ID #

Current Institution

Address

Michael Outerbridge
2015 NY 031329 CLAIM #
Released
125 White St.
New York, N.Y. 10013.

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Where Currently Employed

Address

Shield #

P.O. Sokolov
N.Y.P.D. 14 Pct.
356 W. 35th St.
New York, N.Y. 10018.

Defendant No. 2 Name P.O. Mitchell Shield # ?
Where Currently Employed N.Y.P.D.
Address 356 W. 35th St. 14 Pct.
NEW YORK, N.Y. 10036.

Defendant No. 3 Name UNKNOWN P.O. Shield # ?
Where Currently Employed 356 W. 35th St. N.Y.P.D.
Address 356 W. 35th St. 14 Pct.
NEW YORK, N.Y. 10036.

Defendant No. 4 Name P.O. Sgt. Rodriguez Shield # ?
Where Currently Employed N.Y.P.D. 32 Pct.
Address located at 135th St.
NEW YORK, N.Y. 10027.

Defendant No. 5 Name P.O. David Fernandez Shield # 4505
Where Currently Employed N.Y.P.D. 32 Pct.
Address located at W. 135th St.
NEW YORK, N.Y. 10027.

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
At The 14 Pct. Midtown South N.Y. N.Y.
AND The 32 Pct. located at W. 135th St. N.Y.
- B. Where in the institution did the events giving rise to your claim(s) occur?
inside the holding cell AREAS at both
precincts
- C. What date and approximate time did the events giving rise to your claim(s) occur?
At The 14th Pct. At 8:20pm. At The
32 Pct. At 7:32pm.

D. Facts: ON April 14, 2015, At Approximately 8:30pm.
by OFFICER(S) OF the Midtown South P.C.T. #14 FOR
AN OPEN CONTAINER OF BEER. I SHOWED THEM A WAR-
RANT PRINTOUT SHOWING I HAD NO WARRANTS. ONCE I
WERE ARRESTED AND TAKEN TO THE 14 P.C.T., I REQUESTED
MY ALLOWED PHONE CALL. THE ARRESTING OFFICER THEN
FALSELY ACCUSED ME OF HAVING A WARRANT FOR A
PREVIOUSLY OPEN CONTAINER. AT THIS TIME, I ASK TO
SPEAK TO A BGT. OR SUPERVISOR. NO RESULTS TO MY
REQUEST PREVAILED. AFTER I WAS DENIED MY PHONE
CALL, AND I REFUSED MY FINGERPRINTS I WAS
THEN HANDCUFF AND SHACKLED BY ONE OF THE OFF-
ICER(S) AND PUSHED BACK IN THE CELL AT THE P.C.T.
ABOUT 5-10 MINUTES. AFTER A DIFFERENT P.O. SHIELD
UNKNOWN OPEN THE CELL DOOR AND DEMANDS THAT I
I STAND UP. AS I WERE TRYING TO STAND, THE UN-
KNOWN OFFICER ATTACKED AND ASSAULTED ME BY
SNATCHING THE SHACKLED CYFFED CHAINS SLAMM-
ING MY BACK, NECK AND HEAD ONTO THE CONCRETE
FLOOR PUTTING HIS RIGHT FOOT INTO MY CHEST. THEN
STANDING ME UP AND MUSHING MY FACE INTO THE
BARS AND LIFTING MY ARMS WHILE I AM HANDCUFF FROM BEHIND.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I THE PLAINTIFF WAS TRANSPORTED BY THE
N.Y.F.D. AMBULANCE TO BELLEVUE MEDICAL CENTER WHERE
DOCTOR(S) WERE TOLD BY THE OFFICER(S) THERE IS NOTHING WRONG
WITH HIM TAKE HIM OVER TO MENTAL EVALUATION. I TOLD THE
DOCTORS I HAD BEEN ASSAULTED BY AN OFFICER AT
THE MTS PRECINCT, AND THE OFFICER(S) PRESENT, WITNESSED
OFFICER(S) SO NOUR, AND OFFICER MITCHELL DID NOT INTERVENE

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

MTS. Precinct W. 35 St. N.Y. N.Y.
10036; And The 32 Pct. At 135 St. N.Y., N.Y. 10028.

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☐ Do Not Know ☒

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? Civil Rights AND Human Rights

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

CCRB; IAB.

1. Which claim(s) in this complaint did you grieve? Police Brutality
Physical Assault, UNLAWFUL ARREST
2. What was the result, if any? CONTINUATION; I.E.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. Not Applicable.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, _____

when and how, and their response, if any: _____

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

contacted The I.A.B. And the CCRB. The I.A.B. Referred this case to the CCRB. The CCRB. scheduled AN interview with me. AN I reported this incident to investigator Mr. Benjamin Wertz, who then proceeded to interview me.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I The Plaintiff does state A claim upon where Relief may be granted on the grounds of Police brutality, Assault, False Arrest, AND Violating the Plaintiff's Civil AND Constitutional rights AS human rights. The OFFICERS NAMED in this complaint, AND the City of New York, Acting UNDER the COLOR OF LAW, intentionally violated the LAW AND Plaintiff's U.S. C.A.B. 4th, 5th, 13th, AND 14th AMENDMENTS UNDER Federal protected LAWS. The OFFICER(S) here discriminated, Intimidated, threatened, AND ASSAULTED the Plaintiff, to which are A total Abuse of Authority. Relief Also should be granted to The Plaintiff in the sense of These OFFICER(S) must be held ACCOUNTED AND RESPONSIBLE FOR their ACTION (S) that are CRIMINAL. Plaintiff is ASKING FOR 2,000,000.00 IN DAMAGES FOR PAIN AND SUFFERING.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

On these claims

Yes ☒ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:
 Plaintiff Michael Dutechbridge
 Defendants The City of New York

2. Court (if federal court, name the district; if state court, name the county) SDNY

3. Docket or Index number 14-CV-1062; 13-CV-5459.

4. Name of Judge assigned to your case A.T. (DCF).

5. Approximate date of filing lawsuit 8-9-13.

6. Is the case still pending? Yes ☐ No ☒
 If NO, give the approximate date of disposition Feb. 03, 2015.

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) Dismissed
UNDER Fed R. Civ. P. 56.

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
 Yes ☐ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:
 Plaintiff _____
 Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ☐ No ☐
 If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 24 day of MAY, 2016

Signature of Plaintiff

Inmate Number

Institution Address

Michael Osterburg
205 P.O. 6620 (Release)
125 White St.
New York, N.Y.
10031

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 24 day of MAY, 2016 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Michael Osterburg